0001

Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: JUL 3, 1995

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in:
C/007/004, 1995, Incoming
Refer to:
- ☐ **Confidential**
- ☐ **Shelf**
- ☐ **Expandable**

Date _____ For additional information

0001

Orig. to Freeport file

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 28-JUN-1995

PRODUCER 18561

Willis Corroon Corporation of Ohio
655 Metro Place South
Suite 600
PO Box 7157
Dublin OH 43017
(614) 766-8900
Contact : Heidi V. Elder

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

~~ACTIF~~ Ex P/007/038 #4

INSURED

American Electric Power Company, Inc. and subsidiaries,
1 Riverside Plaza
P.O. Box 16631
Columbus OH 43216-6631

COMPANIES AFFORDING COVERAGE

Copy from

COMPANY LETTER	A	United States Fire Insurance Company
COMPANY LETTER	B	Energy Insurance (Bermuda) Ltd.
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

Operation: This should be filed in ACTIVE

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY P INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE [ ] OCCUR. OWNER'S & CONTRACTOR'S PROT.	5410180089	01-JUL-1995	01-JUL-1996	GENERAL AGGREGATE	$ 1,000,000
					PRODUCTS-COMP/OP AGG.	$ 1,000,000
					PERSONAL & ADV. INJURY	$ 250,000
					EACH OCCURRENCE	$ 250,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED. EXPENSE (Any one person)	$
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	1380165633	01-JUL-1995	01-JUL-1996	COMBINED SINGLE LIMIT	$ 250,000
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
B	EXCESS LIABILITY UMBRELLA FORM X OTHER THAN UMBRELLA FORM	P03-95-02	01-JUL-1995	01-JUL-1996	EACH OCCURRENCE	$ 4,750,000
					AGGREGATE	$ 20,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
	OTHER					

RECEIVED
JUL 03 1995
DIV. OF OIL, GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS CERTIFICATE MAY BE RELIED UPON ONLY IF T
OPERATIONS ATTACHMENT REFERRED TO HEREIN IS A

File in:
- [ ] Confidential
- [ ] Shelf
- [ ] Expandable

Refer to Record No. 0001 Date 7-3-95
In C/007/004, 1995, Incoming
For additional information

CERTIFICATE HOLDER

Division of Oil Gas and Mining
State of Utah
Attn: Harold Sandbeck
3 Triad Center, Ste. 350
Salt Lake City UT 84187

CANCELLATION

SHOULD ANY OF RE THE
EXPIRATION DAT OR TO
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1990

0001

Orig. to Fireproof file

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 28-JUN-1995

18561

PRODUCER
Willis Corroon Corporation of Ohio
655 Metro Place South
Suite 600
PO Box 7157
Dublin OH 43017
(614) 766-8900
Contact : Heidi V. Elder

INSURED
American Electric Power Company, Inc. and subsidiaries,
1 Riverside Plaza
P.O. Box 16631
Columbus OH 43216-6631

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~~ACT~~ EXP/007/038 #4

COMPANIES AFFORDING COVERAGE

Copy from

COMPANY LETTER	A	United States Fire Insurance Company
COMPANY LETTER	B	Energy Insurance (Bermuda) Ltd.
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

Correction.

This should be filed in ACT/007/002

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
	OTHER					

RECEIVED
JUL 03 1995
DIV. OF OIL, GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS CERTIFICATE MAY BE RELIED UPON ONLY IF THE DESCRIPTION OF OPERATIONS ATTACHMENT REFERRED TO HEREIN IS ATTACHED HERETO.

CERTIFICATE HOLDER

Division of Oil Gas and Mining
State of Utah
Attn: Harold Sandbeck
3 Triad Center, Ste. 350
Salt Lake City UT 84187

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Marie T. Jones

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WILLIS CORROON

CERTIFICATE OF INSURANCE

DESCRIPTION OF OPERATIONS ATTACHMENT

ISSUE DATE (MM/DD/YY) 28-JUN-1995

PRODUCER

18561

Willis Corroon Corporation of Ohio
655 Metro Place South
Suite 600
PO Box 7157
Dublin OH 43017
(614) 766-8900
Contact : Heidi V. Elder

INSURED

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1 Riverside Plaza
P.O. Box 16631
Columbus OH 43216-6631

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COMPANIES AFFORDING COVERAGE

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COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

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Certificate Holder : Division of Oil Gas and Mining

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Per Ohio Revised Code Section 3999.21, as enacted by House Bill 347, "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

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INSURED INCLUDES: BLACKHAWK COAL CO.

RECEIVED
JUL 03 1995
DIV. OF OIL, GAS & MINING

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WILLIS CORROON

Willis Corroon
Corporation of
Ohio
Insurance
Surety
Benefits
Risk Management
655 Metro Place South
Suite 600
Dublin, Ohio 43017
(614)766-8900
Fax (614)766-8999

RE: CERTIFICATE OF INSURANCE

INSURED: AMERICAN ELECTRIC POWER COMPANY, INC.

I AM ENCLOSING A CERTIFICATE OF INSURANCE ISSUED ON BEHALF OF OUR CLIENT, AMERICAN ELECTRIC POWER COMPANY, INC.

IF YOU HAVE ANY QUESTIONS REGARDING THE ENCLOSED, PLEASE FEEL FREE TO CONTACT:

SUE KASSON AT AEP (614) 223-1087 OR
CRAIG MOORE AT AEP (614) 223-1088

Sincerely,

Gary L. Friedhoff, ARM
Executive Vice President and
Chief Executive Officer

GLF/hve

Enclosure

RECEIVED
JUL 03 1995
DIV. OF OIL, GAS & MINING